P17000015465

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Ja colanho

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: M& M Golf Finance NC. Name of Corporation
DOCUMENT NUMBER: <u>P17000015465</u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matthew Cody Name of Contact Person
19566 Trails End Terrace Address
Jupiter FL 33458
City/State and Zip/Code MCOdy @lancotinance.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthew Cody Name of Contact Person at (772, 530-0184 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address:
Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	rovisions of sections 607.0502, 6 ige is submitted for a corporation			atutes, this	
in order	to change its registered office or	registered agent, or bot	h, in the State of Flo	orida.	
1. The name of th	ne corporation: M&M_	Golf Fina	nce Inc.		
2. The principal of	office address: 19566 T	irails End T	ierrace		
	Jupiter	FL 3349	58		
3. The mailing ad	ldress (if different):	<u>.</u>			
4. Date of incorpo	oration/qualification: 2 10 2	2011 Document 1	number: <u>P1700</u>	001546	5
5. The name and	street address of the current regis ment of State: (If resigned, enter	tered agent and registere			
	Matthew P Cod	N			
	1533 Cades	Bay Ave		20	
-	Jepiter, FL	<u>33458</u>		ZO SEI	Smile Act
6. The name and (if changed):	street address of the new register	ed agent (if changed) and	d /or registered offic	Care.	1
	Matthew P Ci			PH 4:	
	_ 19566 Trails	End Terrac P.O. Box NOT acceptable	le l	A STE	
	Jupiter FL				
The street address as changed will l	ss of its registered office and the be identical.	street address of the bu	isiness office of its	registered ag	ent,
Such change was authorized by the	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of ocen notified in writing	directors or by an o of the change.	officer so	
Signature	e of an officer or director	<u>Hatthew</u>	P Code	<u>Presiden</u>	+
I hereby accept to I further agree to of my duties, and document is heir	the appointment as registered as comply with the provisions of a lam familiar with and accept to filed merely to reflect a chang been notified by writing of this c	gent and agree to act in all statutes relative to th the obligation of my pos ge in the registered offic	this capacity		unce this the
K =	ME		9/15/202	·O.	
Sign	Mure 69 Registered Agent		Date /		
If signing on bel	nalf of an entity:				
Matthew	o PC Edu				

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State

Typed or Printed Name